

C.C. 09/01  
02  
ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE       |
|---------------------------|----------|--------|------------|
| FEE DETERMINATION         |          |        |            |
| O.I.P.E. CLASSIFIER       |          |        | 10 1-26-01 |
| FORMALITY REVIEW          | JH       | 753    | 02-05-01   |
| RESPONSE FORMALITY REVIEW | TZ       | Jc 947 | 05/22/01   |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 : ..... Restricted O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 1        | 6/6/79  |
| 2        | 3/24/01 |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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